

# The Beacon Project — a community-based health improvement project

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## SUMMARY

*Inequality and socioeconomic deprivation remain powerful determinants of the nation's health. The Beacon Project, led by two primary health care visitors, was initiated to tackle the rapidly declining health and social needs of a community in Cornwall, southwest England. Significant improvements in conditions and a general sense of wellbeing on the estate, together with the improvements in social outcomes was observed over a period of four years.*

**Keywords:** inequality; deprivation; community involvement.

## Introduction

DESPITE the focus on activities undertaken by health professionals, inequality and socioeconomic deprivation remain powerful determinants of the nation's health.<sup>1</sup> There are various theories to explain the reasons for this association, but the concept of the links between low social capital, inequality, and poor health is becoming more influential. This is described in the Health Development Agency's paper, *Social Capital for Health*.<sup>2</sup>

Putnam, who first described social capital, describes four characteristics<sup>3</sup>:

1. the existence of community networks;
2. civic engagement (participation in these networks);
3. local identity and a sense of solidarity and equality with other community members; and
4. norms of trust and reciprocal help and support.

In the United Kingdom, an example of project was reported in which professionals worked with the local community to define the priorities and implement agreed interventions. This project was conducted as action research and was fully evaluated; however, improvement outcomes proved disappointing.<sup>4</sup> The Beacon Project, described below, began in 1995 as an intuitive response by two health visitors who were increasingly concerned by the rapidly declining health and social needs of the community they served.

## Method

### Setting

The Beacon Estate (population: 6000 in 1500 homes) comprises most of the council ward of Penwerris in Falmouth, Cornwall, in southwest England. Built largely during the 1940s and 1950s to provide social housing for the employees of the once-thriving docks industry, the quality of the housing stock was poor. The steady decline of the traditional local industries

of fishing, farming, mining, and the docks since the late 1980s has impacted heavily on employment levels in this community, producing negative effects to health and wellbeing. The most recent national poverty index still ranked Penwerris among the most deprived 10% of wards in the country.<sup>5</sup> In 1995, 50% of the 1500 homes lacked central heating, its illness rate was 18% above the national average, and it had the highest percentage of children living in households with no wage earners.<sup>6</sup> The crime rate within this community was high and increasing, with poor social cohesion and limited social networks. Substance abuse was rife.

### Interventions

Having recognised an escalating spiral of decline on the estate (4000 of the 6000 population were registered to their practice), the health visitors, during May to September 1995, initiated a series of meetings with representatives of health, education, social services, local government, and police. The purpose was to raise awareness of the problems. The meetings resulted in an action plan and commitment from these agencies to tackle the estate's problems.

From the outset it was recognised that community involvement would be essential to the success of the project. Twenty key tenants were identified by the health visitors as having the necessary skills to engage their peers and were invited to work in partnership with the statutory agencies. Of these 20, five agreed to participate. Resourced by the local government housing department, they received training to become proficient in submitting grant applications and forming and maintaining a constituted committee. This group subsequently established a formal tenants and residents association. They subsequently produced a hand-delivered newsletter, along with a 'one-to-one' chat to all households informing residents of the plans for the estate. This proved to be fundamental in galvanising the community to articulate and prioritise their concerns.

A series of increasingly well-attended meetings for residents were held. Stormy at times, they concluded that the main problems affecting their health were crime, poor housing, and unemployment, together with the historical failure of the statutory agencies to address these issues. Joint meetings between residents and the relevant agencies followed, resulting in the foundation of the multi-agency tenant and resident-led Beacon Community Regeneration Partnership in January 1997. The Partnership has subsequently met monthly.

## Outcome measurements

The Beacon Project was neither planned as research, nor intended to be reported; therefore, there were no funds for formal evaluation studies. Residents are registered with five general practitioner (GP) practices, so routine medical data on the estate's residents is not available either. Results can only therefore be indirectly inferred from ward data indicating changes in local crime figures, school results, and unemployment figures. The results are therefore presented, not as formal research findings, but as a description of what actually happened.

## Results

### Intermediate outcomes

Successful bids for monies were made by the Partnership that have resulted in improvements to the housing stock. Affordable central heating and external cladding have now been installed in over 900 of the properties, improving the aesthetics of the estate as well as domestic energy conservation. Funding was also generated to convert two former empty shops on the estate into the Beacon Community Resource Centre; offering a wide range of services from legal, employment, and benefits advice to adult learning initiatives; and the Beacon Care Centre, providing access to a range of primary health care services that were identified by the residents as likely to impact most upon their health. These include a sexual health service for young adults and a smoking cessation service, and 'Walking for Health'. Uptake has been high. Traffic-calming measures were installed and a skateboard park has recently opened. Former wasteland now provides a safe play area for children.

### Social outcomes

The community has seen a marked fall in violent crime, unemployment, and improvements in national standard assessment tests for schoolchildren. It is impossible to separate these changes from secular trends and therefore may be misleading to ascribe them to the Beacon Project alone. However, many activities have been started, catering for all age groups on the estate, reflecting increased levels of social cohesion. These include a parent and toddler group, a luncheon club for the elderly, regular coach outings including an annual trip to Blackpool, a breastfeeding support group that has raised levels of breastfeeding and provided social contact for parents, and gardening competitions have been initiated by residents.

### Health outcomes

There are no directly obtained health outcomes. However, in the author's practice (of 4000 residents from the Beacon estate) the numbers of children on the child protection register

fell from 19 in January 1995, to eight in January 1999 and the number of women treated for postnatal depression fell from 18 in 1995, to four in 1999.

## Discussion

As described above, the improvements in conditions and general sense of wellbeing on the estate, together with the improvements in social outcomes, would prove impossible to ascribe solely to the project. It would be difficult to use controls groups in this kind of project or to isolate them from larger social trends. However, the views of residents and professionals working on the estate are that the downward spiral has been reversed as a result of collaborative working. They greatly value this approach, which, to date, has proved sustainable — another key outcome.

Unquestionably, the Beacon project has led to a constructive re-engagement between residents and professionals from several different agencies. The local authority, education, police, county youth service, and social services have all made significant contributions. In consequence there has been a widening of networks of influence, particularly for the residents. It has also raised levels of mutual trust and understanding.

Both residents and professionals have shown a willingness to collaborate, to share learning, to show understanding and to tackle problems that was lacking before. That this was achieved without large sums of project money will encourage all who seek to duplicate this approach.

Perhaps reflecting the paucity of data regarding successful interventions in deprived communities, the Beacon project has received national and international recognition as an important 'pathfinder' initiative, indicating the ensuing positive health and social benefits of a multi-agency partnership, engaging directly with the residents of a deprived community.

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